

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031287

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 560

FILED SEP 12 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0109			
2 0109			
3			
4 1			
5 0			
6			
7 0			
8 2			
9 762.0			
10			
11			
12 2-0			
13 3-1			
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		MEDICAL CERTIFICATION	BY AFFIDAVIT OF
ITEM NO.	SHOULD READ		

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Columbia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. Mo. Med. Center		d. STREET ADDRESS Walnut Hill Tr. Court	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Baby Girl		4. DATE OF DEATH Month 8 Day 12 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-11-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months 10 Days 12
11a. FATHER'S NAME Cosmo Haun		11b. MOTHER'S MAIDEN NAME Lynn Essinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Univ. Mo. Med. Records		Address Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia right heart failure Respiratory distress syndrome, idiopathic		INTERVAL BETWEEN ONSET AND DEATH 9 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year 8-11-1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 2:30 8-12-1963	
21. I attended the deceased from 4 p.m. 8-11-1963 to 2:30 8-12-1963 and last saw her alive on 8-12-1963		Death occurred at 2:30 a/m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert J. Harris MD		22b. ADDRESS University of Mo. Medical Center Missouri	
22c. DATE SIGNED 8-12-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) 8-13-1963	23b. NAME OF CEMETERY OR CREMATORY Anatomical Board	23c. LOCATION (City, town, or county) Columbia, Missouri	
24. FUNERAL DIRECTOR Robert D. Johnston, Columbia, Missouri		25. DATE RECD. BY LOCAL REG. Aug 13 1963	
		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.